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Docket

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00-0285

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Please provide the appropriate information in the () areas in the heading below.

COM TECH INTERNATIONAL CORPORATION D/B/A "CTIC-IL"

Application for a certificate of :
(local or interexchange) authority :
to operate as a (reseller or facilities :
based carrier) of telecommunications :
services in (list specific area) in the :
State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 0911588104

COM TECH INTERNATIONAL CORPORATION D/B/A "CTIC-IL"

Address: Street 6001 BROKEN SOUND PARKWAY, SUITE 600

City BOCA RATON State/Zip FLORIDA 33487

2. Authority Requested: (Mark all that apply) ☒ 13-403 ☒ 13-404 ☐ 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ Part 710 ☒ Part 735 ☐ Section 735.180 ☐ Other

4. In what area of the state does the Applicant propose to provide service?

STATEWIDE

5. Please attach a sheet designating contact persons to work with Staff on the following:

SEE EXHIBIT A

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

6. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed MARCH 2, 1993
 In what state? WASHINGTON
☐ Other (Specify) _____

7. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

SEE EXHIBIT B

8. List jurisdictions in which Applicant is offering service(s).

NONE.

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. N/A.

11. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

APPLICANT REQUESTS PERMISSION PURSUANT TO 83 Ill. Admin Code Part 250.

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

13. List officers of Applicant. SEE EXHIBIT C.

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity. N/A

15. How will Applicant bill for its service(s)? APPLICANT WILL INVOICE ITS CUSTOMERS DIRECTLY.

16. How does Applicant propose to handle service, billing, and repair complaints?

SEE EXHIBIT D

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

18. What telephone number(s) would a customer use to contact your company?

(561) 989-8300

19. What are your procedures to prevent unauthorized "slamming" of customers?

SEE EXHIBIT E

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

(EXCEPT AS STATED UNDER ITEM #3)
☒ YES ☐ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☐

☒ YES ☐ NO

(IF REQUIRED FOR FACILITIES-BASED, INTEREXCHANGE CARRIERS)

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

SEE EXHIBIT F

TECHNICAL

23. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list: SEE EXHIBIT G

If NO, which facility provider(s)'s services does Applicant use? See Exhibit G

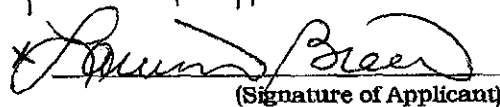
24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service). See EXHIBIT H

25. Will technical personnel be available at all times to assist customers with service problems? X YES NO

26. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

X YES NO

(Applicant does not intend to provide payphone service)


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of FLORIDA)
County of PALM BEACH)ss

LAWRENCE D. BIALEK makes oath and says that he is DIRECTOR OF PROJECT ANALYSIS
(Insert here the name of affiant) (Insert the official title of the affiant)

of COM TECH INTERNATIONAL CORPORATION d/b/a "CTIC-IL"
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

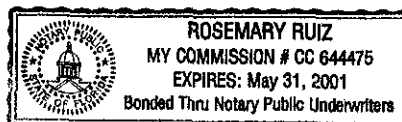
Lawrence D. Bialek
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this 4 day of April 2000.

Rosemary Ruiz
(Signature of person authorized to administer oath)



CERTIFICATE OF SERVICE

I, Steven E. Swenson, certify under penalty of perjury under the laws of the State of Utah that the following is true and correct:

I am a citizen of the United States, State of Utah, am over eighteen years of age, and am not a party to the within cause.

On April __, 2000, I served the attached Application of Com Tech International Corporation d/b/a CTIC-IL for a Certificate to Become a Telecommunications Carrier, by placing copies of said document in envelopes addressed to each of the parties as reflected on the attached Service List, with postage thereon fully prepaid. I then sealed and deposited the envelopes in a mailbox regularly maintained by the United States Postal Service in the City and County of Salt Lake, State of Utah.

Executed this __ day of April at Salt Lake City, Utah.


Steven E. Swenson

SERVICE LIST:

**Ms. Judy Marshall
Telecommunications Division
Illinois Commerce Commission
527 East Capitol Avenue
PO Box 19280
Springfield, Illinois 62797-9280**

**Ms. Stacy Buecker
Telecommunications Division
Illinois Commerce Commission
527 East Capitol Avenue
PO Box 19280
Springfield, Illinois 62797-9280**

**Ms. Cindy Jackson
Consumer Services Division
Illinois Commerce Commission
527 East Capitol Avenue
PO Box 19280
Springfield, Illinois 62797-9280**